

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37704

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>1wk</u>		d. STREET ADDRESS (If rural, give location) <u>3329 JACKSON AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3329 JACKSON AVE.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDGAR</u>	b. (Middle) <u>Kenny</u>	c. (Last) <u>THORNBERRY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT-16-18-80</u>	9. AGE (In years last birthday) <u>60</u>	if UNDER 1 YEAR Months <u>0</u>	if UNDER 24 HRS. Days <u>19</u>	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER Clerk.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk.</u>	11. BIRTHPLACE (State or foreign country) <u>NEWTON COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WALTER THORNBERRY</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bassett Longstreet Joplin</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u> <u>attack fatal</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Occlusion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 3, 1949, to Nov 5, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jay E. Hynes M.D.</u>	(Degree or title)	23b. ADDRESS <u>708 Stone Bldg Joplin Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho. MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-30-49</u>	REGISTRAR'S SIGNATURE <u>J. S. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-Bigham Mort</u>	ADDRESS <u>Neosho, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
2
5

49
4
5
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RECEIVED 12-5-49
Jasper County Health Office

County File Number 49-11-916

Date Filed 12-5-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jesse Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.